PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/535727

| CLAIMS AS FILED - PART I | | | | | | | | SMALL ENTITY TYPE | | | OR | OTHER THAN OR SMALL ENTITY | | |
|--|--|---|--------------------------------|--------------------------------|---------------------|--------------------------------------|----|---------------------|------------------------|------------|----|----------------------------|------------------------|--|
| U.S. NATIONAL STAGE FEES | | | (Column 1) | | (| Column 2) | ſ | RATE | - | EE | | RATE | SEE | |
| | • | | OHALL FAIT | - 0.450 | 1456 | S 5 17 - 0 000 | ŀ | ļ | | | | | FEE | |
| | IC FEE | | SMALL ENT. Satisfies PCT Ar | | | SE ENT. = \$ 300 her situations = | ľ | BASIC FEE | 15 | 0_ | OR | BASIC FEE | | |
| EXA | MINATION FE | E | (4) = \$50 U.S. is ISA = \$ | /\$100 | 1 | 100 / \$ 200 | 1 | EXAM. FEE | 101 | <u>0</u> | | EXAM. FEE | | |
| SEA | RCH FEE | | ALL other cou \$ 200 / \$ | intries = | | her situations = 250 / \$ 500 | \$ | SEARCH FEE | 20 | Ø | | SEARCH FEE | | |
| FEE | FOR EXTRA S | PEC. PGS. | minus 100 = | | / 50 = | | L | X \$ 125 = | | | | X \$ 250 = | | |
| тот | AL CHARGEAE | BLE CLAIMS | | | * | | | X \$ 25 = | | | OR | X \$ 50 = | | |
| INDE | PENDENT CL | AIMS | minus 3 = | | * | | | X \$ 100 = | | | OR | X \$ 200 = | , | |
| MUL | TIPLE DEPENI | DENT CLAIM PRI | ESENT | | | | | + \$ 180 = | | 1 | OR | + \$ 360 = | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | _ | TOTAL | | | OR | TOTAL | | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | | SMALL ENTITY | | | OR | OTHER THAN SMALL ENTITY | | |
| AMENDMENT A | - | CLAIMS REMAINING AFTER AMENDMENT | · | HIGH NUM PREVIO PAID | BER DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | - | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | | X \$ 25 = | | | OR | X \$ 50 = | | |
| | Independent | * | Minus | *** | | = | | X \$ 100 = | | | OR | X \$ 200 = | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | | OR | + \$ 360 = | | |
| ę.s. | | | | | | | _ | TOTAL ADDIT. FEE | | | OR | TOTAL ADDIT. FEE | | |
| | • | (Column 1) | | (Colur | nn 2) | (Column 3) | | | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUMI PREVIO PAID | EST BER OUSLY | PRESENT EXTRA | | RATE | AD TiQi FE | NAL | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | | X \$ 25 = | | - | OR | X \$ 50 = | | |
| | Independent | * | Minus | *** | | = | | X \$ 100 = | | | OR | X \$ 200 = | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | | OR | + \$ 360 = | | |
| | | | | | | | 7 | OTAL ADDIT. FEE | | | OR | TOTAL ADDIT. FEE | | |
| | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". | | | | | | | | | | | | | |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.